

**Subcommittee on Criminal Justice,
Drug Policy and Human Resources**

Opening Statement of Chairman Mark Souder

**“Women and Cancer: Where are We in Prevention,
Early Detection, and Treatment of Gynecologic
Cancers”**

September 7, 2005

Good morning and thank you all for being here.

Today’s hearing will examine the federal efforts targeting gynecologic cancers, specifically where we are in the areas of education, research, prevention and treatment. The hearing will also provide an opportunity for medical and research specialists, patients, and family members to discuss the relevant issues involved with gynecologic cancers and where more work is needed.

This month marks Gynecologic Cancer Awareness Month, as well as National Ovarian Cancer Awareness Month. According to the American Cancer Society, over 79,000 women are diagnosed every year with cancers affecting the reproductive organs. If diagnosed in the early stages, the survivability rate is

as high as 95%. Nonetheless, this year alone, more than 27,000 women will die from a gynecologic cancer.

Any woman is at risk for developing a gynecologic cancer.

The most *deadly* gynecologic malignancy is ovarian cancer. Patients with ovarian cancer often report that they had symptoms for months before diagnosis, but early signs of this cancer are frequently mistaken for more common digestive disorders. As a result, most ovarian cancer cases are diagnosed at an advanced stage, where the chances of survival drop to only 20 percent. This year, out of the more than 22,000 new diagnoses of ovarian cancer, more than 16,000 women will die from the disease.

The most *common* gynecological cancer is uterine cancer, which will afflict more than 40,000 women this year, and kill over 7,000 women. While there have been advances in therapy for uterine cancer, including innovative new surgical treatments, women are largely unaware of the risk factors contributing to this disease, which include obesity, hypertension, diabetes and inappropriate estrogen use. However, if a woman is diagnosed early, surgical therapy is usually adequate for a cure.

Where there is effective screening, there has been a significant reduction in deaths from certain gynecological cancers: over the last 50 years, routine use of the pap test to screen for cervical cancer has reduced deaths from that disease by 74 percent. However, there are no widely accepted and effective screening tests for other gynecologic cancers. This leaves women vulnerable to late diagnosis, and lowered chances of recovery.

Even with effective screening, the American Cancer Society estimates that cervical cancer will kill more than 3,700 women this year. The primary cause of virtually all cervical cancers is human papillomavirus (HPV), which is transmitted through sexual contact. More women will die from this disease than from AIDS (among non-injection drug users). Although federal agencies are working on vaccines developed to prevent HPV infection, current proposed vaccines do not address all strains of HPV.

Moreover, the FDA has yet to comply with PL 106-554, signed by President Clinton in 2000, requiring that condoms be accurately labeled to reflect the fact that condoms do not protect women from HPV infections. The Gynecologic Cancer Foundation's 2005 State of the State Report on Gynecologic Cancers notes that both women and men do not fully understand

the association between HPV infection and its severe health consequences.

It is inexcusable that federal agencies have yet to comply with a law passed more than five years ago, and in the meantime, thousands of women continue to die from this preventable disease. The cost to comply with the law requiring accurate condom labeling is quite low. The benefit is measured in terms of women's lives. There is simply no justification for the FDA and the White House Office of Management and Budget dragging their feet on this critical public health matter. I am surprised that FDA's testimony made no reference to their progress in complying with this law since FDA last appeared before the Subcommittee on this very issue on March 11, 2004. Perhaps the FDA witness is not prepared to address this matter this morning, but I would ask that FDA provide a full explanation on this matter in five days, and we will be happy to forward FDA's response to all the Subcommittee members. I hope the other agencies represented here today will address these issues in oral testimony.

There is an evident need to raise awareness among the patient and medical communities about all aspects of gynecologic

cancers, including prevention, symptoms, screening and treatment. A recent poll commissioned by the Gynecologic Cancer Foundation found that the majority of women believe they are at risk for developing a gynecologic cancer, and fear them even more than lung cancer, which is the leading cause of cancer deaths among women. More than a third of women said they have little knowledge about gynecologic cancers, and in fact, a staggering 47 percent of them could not name *any* symptoms of gynecologic cancers.

Parallel to the important education needs is the necessity for innovative research and therapy development.

I hope the outcome of this hearing is a better picture of what efforts the federal agencies are making to raise awareness among practitioners and among patient and medical communities of gynecologic cancers, and where there are unmet needs. In particular, I hope the agencies address their critical role in protecting the public from HPV infection, and preventing more cervical cancer deaths. I also hope we learn the status of current funding paths for innovative and cutting edge research for gynecologic cancers, and whether we are meeting the challenges to deliver new therapies.

Finally, I hope the first hand experience and perceived needs of those who deal with gynecologic cancers as patients, family members, doctors and researchers provide us with a better understanding of how to address gynecologic cancers.

[Turn over to Mr. Cannon to chair the hearing: Mr. Cannon's daughter passed away from cancer late last year at the age of 25, and he is particularly interested in innovative research issues]